



905 12TH *LAS VEGAS, NM 87701-4731 *505-454-3832 *FAX 505-454-1632

DRIVER LICENSE NUMBER _____

SOCIAL SECURITY NUMBER _____

ACCOUNT# _____ DATE _____ DOB _____

NAME _____ PHONE _____

EMPLOYER _____ WORK NUMBER _____

2ND NAME ON ACCOUNT _____ DOB _____

DRIVER LICENSE NUMBER _____ SOCIAL SECURITY NUMBER _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

SERVICES

TYPE OF HOUSING

GAS _____ WATER _____ SANITATION _____ SEWER _____

HOMEOWNER _____ RENTAL _____

LANDLORD'S NAME _____

NAME OF NEAREST RELATIVE _____

NEAREST RELATIVE ADDRESS _____

CUSTOMER SIGNATURE _____ / _____

WATER DEPOSIT: _____ GAS DEPOSIT: _____

WATER PROC FEE: _____ GAS PROC FEE: _____

RECEIPT #: _____ PROCESSED BY: _____

TRANSFER DEPOSIT TO A NEW ADDRESS YES _____ NO _____

IF YES: NEW ADDRESS _____ ACCT# _____

IF NO: FORWARDING ADDRESS _____

DAY OF SERVICE REQUESTED OFF _____

CUSTOMER'S SIGNATURE _____ DATE _____